

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.
09/744684
FILING DATE
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	Cancelled					
7	Cancelled					
8		1				
9		1				
10		1				
11		(1)	1			
12		1				
13		1				
14		(1)				
15		1				
16						
17						
18						
19						
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				(1)		
31						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1	1	1	1		
TOTAL DEP.	12	1	12	1		
TOTAL CLAIMS	13		13			

51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS